Georgia Department of Community Health
RECORDS CHECK APPLICATION
(See Instructions on Page 2)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

TO BE COMPLETED BY APPLICANT:

1. APPLICANT TYPE ☐ Director/Manager/Administrator ☐ Owner ☐ Employee ☐ Non-Employee (Volunteer)

2. POSITION APPLIED FOR: _____

3. PRINT FULL NAME _____ _____
(Last, First, Middle) (Date of Birth)

_____ _____ _____ _____
(Sex) (Race) (Social Security Number) (Place of Birth)

_____ _____ _____ _____ _____
(Height) (Weight) (Eyes) (Hair) (Home Telephone Number)

_____
(Home Address Street City State Zip)

4. I hereby authorize the Georgia Department of Community Health, Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency. I understand a state and federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understood the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement.

_____ _____
(Print Full Name) (Applicant Signature)

5. **TO BE COMPLETED BY DIRECTOR/OWNER:**

_____ _____
(Name of Facility) (Email Address)

_____ (Owner's Signature)
(Mailing Address)

_____
(City, State, Zip Code, County)

6. TYPE OF FACILITY: (CHECK ONE)

☐ Personal Care Home
☐ Assisted Living Community
☐ Community Living Arrangement
☐ Hospice
☐ Private Home Care
☐ Nursing Home
☐ Home Health Agency
☐ Long Term Acute Care Hospital

7. My Signature indicated that I as Director/Owner have verified the applicant's above referenced information.

_____ _____ _____
(Director/Owner's Signature) (Date) (Telephone of Facility)

(Rev. 11/15) YOU MAY DUPLICATE AND KEEP FOR YOUR RECORDS

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RECORDS CHECK APPLICATION
(See Instructions on bottom of Form)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Application Instructions

1. Please use a **ball point pen, press firmly**, and **PRINT legibly**.

2. Position applied for.

3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.
   Print your date of birth. [dd/mm/yyyy]
   Print either: Male or Female.
   Print your race.
   Print your Social Security Number.
   Print your place of birth: City or County, State and Country if not USA.
   Print your height.
   Print your weight.
   Print the color of your eyes: Do not abbreviate: Brown, Black, Gray, Blue, Green, or Hazel.
   Print the color of your hair: Do not abbreviate: Brown, Black, Gray, Red, Blonde, or Bald.
   Print your home address.
   Print your home telephone number.

4. The APPLICANT section of the application must be completed. Applicants must read and sign the record check application.

DIRECTOR/MANAGER WILL COMPLETE THE FOLLOWING

5. Print clearly and give complete mailing address.
   Indicate name of your facility as it appears on your permit application.
   Print the mailing address of your facility.
   Print the city/state/zip.
   Print the county.

6. Check the correct box for your type of Licensed Facility.

7. Director or Manager must sign his/her name as it would appear on a bank check or business letter.